

Application Data Sheet

Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	METHOD AND SYSTEM FOR SOLVING A PROBLEM ARISING DURING A WELDING OPERATION OR THE LIKE
Attorney Docket Number::	0503-1076-1
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: FRANCE
Status:: Full Capacity
Given Name:: PHILIPPE
Middle Name::
Family Name:: ROUAULT
City of Residence:: POISSY
State or Province of Residence::
Country of Residence:: FRANCE
Street of Mailing 3 RUE LAURENCE CAROLINE
Address::
City of Mailing Address:: POISSY
State or Province of Mailing Address::
Country of Mailing Address:: FRANCE
Postal or Zip Code of Mailing Address:: 78300

Applicant Authority Type:: Inventor
Primary Citizenship Country::
Status:: Full Capacity
Given Name:: FRED
Middle Name::
Family Name:: SCHWEIGHARDT
City of Residence::
State or Province of Residence::
Country of Residence::
Street of Mailing
Address::
City of Mailing Address::
State or Province of Mailing Address::
Country of Mailing Address::
Postal or Zip Code of Mailing Address::

Correspondence Information

Correspondence Customer Number:: 000466

Representative Information

Representative Customer Number::	000466
----------------------------------	--------

Domestic Priority Information

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This applicatio	Continuation-in-part of	10/006,664	12/10/01

Foreign Priority Information

Country::	Application Number::	Filing Date::	Priority Claimed::
EUROPE	00403450.0	12/8/00	

Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::